No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19563

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1116

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Hospital 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Overland (If outside city or town limits, write "RURAL")

(d) Street No. 2014 N Warson Road (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CLIFFORD LEWIS STRATMANN 363

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 6 (Day) 1931 (Year)

8. AGE: Years 8 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Overland (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation School Boy

11. Industry or business 6

FATHER
12. Name Albert F Stratmann
13. Birthplace Stratmann (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Lydia Hecht
15. Birthplace Pattonville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Albert F Stratmann

(b) Address 2014 N Warson Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 11 (Day) 40 (Year)

(c) Place: burial or cremation Immanuel Luth Cem

18. (a) Signature of funeral director Baumann Brothers

(b) Address Overland Mo

19. (a) JUN 11 1940 (Date received local registrar) (b) D R Meyer MD Dep H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1940 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 1, 1940 to June 9, 1940 that I last saw him alive on June 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery, bacillary (type as yet undetermined)

Due to

Due to 13

Other conditions Mesenteric thrombosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Mesenteric thrombosis perforated cecum - peritonitis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. D. Stoehle (M. D. or other) MD

Address 12 N Central - Clayton Date signed 6/10/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3501

P. O. Address Berland Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.